Instructions for Completing the COVID-19 Resident Vaccine Administration Record

1. Facility and resident information:

- a. Print the full name of the resident in the space provided.
- b. Print the facility name at the top of the form.
- c. Print the resident's unit and room number in the space provided.
- d. Print the date of birth of the resident (Month/Day/Year) in the space provided.
- e. Print the admission date of the resident in the space provided.
- f. Document that vaccine education was provided to the resident or responsible party prior to vaccination. Enter the date and staff member initials in the space provided.

2. Vaccine administration:

- a. Place an X in the box next to the manufacturer of the vaccine. If the manufacturer is not listed, place an X in the box next to "other" and print the manufacturer name.
- b. Place an X in the box to indicate if this is the resident's 1st or 2nd dose of the vaccine.
- c. If the resident declined, indicate the dose the resident declined by placing an X in the box associated with the dose.
- d. Print the lot number of the vaccine (as it appears on vial) in the space provided.
- e. Print the date the vaccine was given in the space provided (Month/Day/Year).
- f. Place an X in the box to describe the location on the body (right arm or left arm) where the vaccine was administered.

3. Document additional primary doses or booster vaccine administration as applicable:

- a. Print the vaccine manufacturer's name in the appropriate box (additional primary doses or boosters).
- b. If the resident or responsible party declined vaccination, place an X in the box associated with the dose and document the date declined.
- c. If you administer the vaccine, print the lot number of the vaccine and diluent (if available) as it appears on the vial in the space provided.
- d. Print the date the vaccine was given in the space provided (Month/Day/Year).
- e. Place an X in the box to describe the location on the body (left arm or right arm) where the vaccine was administered.

4. Resident declined COVID-19 vaccine:

- a. If the resident declines the COVID-19 vaccine, place an X in the box to indicate that the resident declined.
- b. Enter the date the resident declined (Month/Date/Year) in the space provided.





5. Contraindication to vaccine:

- a. If the patient has a history of reacting to a COVID-19 vaccine or other vaccine, or a history of reacting to ingredients in vaccines (like polysorbate or polyethylene glycol) the vaccine may be contraindicated for the resident. The resident should be referred to an allergist or immunologist to provide details about receiving the vaccine.
- b. Briefly describe (to the best of your ability) the known contraindication to the vaccine in the space provided.

6. Adverse event (Reaction) to current vaccine administration:

- a. If there is a reaction to the COVID-19 vaccine, briefly describe in the space provided. Moderate discomfort (pain at the injection site/general fatigue) may be present within the first 24 hours.
- b. Discomfort associated with breathing, or other symptoms not present prior to receiving the vaccine, should be reported immediately to supervisors and other health care providers participating in the resident's care.

7. Vaccine Tracking:

- a. The information at the bottom of the Resident Vaccine Administration Record for COVID-19 is to be completed by the person(s) assigned by each facility to perform vaccine tracking.
- b. If the resident has a history of confirmed COVID-19, place an X in the box indicating the resident's positive result.
- c. Place the date (Month/Day/Year) of the most recent positive result in the space provided.
- d. Validate the presence of a consent form in the resident's record, by placing an X in the box.

8. COVID-19 vaccine received at another location:

- a. If the resident received a COVID-19 vaccine at a location other than the long-term care facility where the resident is currently, print the name of the location where the vaccine was administered in the space provided.
- b. Print the date the COVID-19 vaccine was administered (Month/Day/Year) in the space provided.



